

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of HaydenBUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 170

County Registrar No. _____

Local Registrar No. 31

No. _____ of birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Sidney Albert Acton Jr (If child is not yet named, make supplemental report, as directed.)3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Mar 21 1927 Month Day Year8. FATHER Full name Sidney Albert Acton 14. MOTHER Full maiden name Ruth E Acton9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden If non-resident, give place and state.10. Color or race White 11. Age at last birthday 25 (Years) 16. Color or race White 17. Age at last birthday 20 (Years)12. Birthplace (city or place) ucson (State or country) Ariz 18. Birthplace (city or place) Wickliffe (State or country) Texas13. Occupation Crankman Nature of Industry Copper Concentrator 19. Occupation House wife Nature of Industry _____20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9:30 p m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. Hunt (Physician or midwife)Address Hayden ArizGiven name added from a supplemental report _____ Filed Mar 26 1927 _____ Local Registrar.

Month, day, year

Registrar

Filed _____ 19 _____ County Registrar.

215-321-912

he number of

must be made for each child stated.

more than one child at a birth, a SE or with stated.